

Levodopa After 1 to 3 Years or More

What it may mean if you have been
taking this cornerstone of PD therapy



- Often, doctors begin treating people with Parkinson's disease (PD) with medications called dopamine agonists or MAO inhibitors, both of which can be effective therapies
- However, most doctors will later add or switch their patients to levodopa (*le-vo-do-pah*), another drug that treats PD. This is because levodopa is considered the most effective medication for controlling the symptoms of PD, making it the cornerstone of therapy for the disease
- Look inside to learn more about this important medication and find out what you and your doctor can do to make sure your levodopa is working as effectively as possible to control your symptoms of PD

Read about the experience of 2 real people with signs and symptoms of "wearing-off" of their levodopa.



Meet Karen and Dan, 2 real people with PD

Karen, age 63, from Indiana

I first noticed symptoms of Parkinson's disease when my racquetball game started going downhill. My accuracy wasn't there, and I didn't have the same strength or finesse that I used to.

*Once my doctor diagnosed me with Parkinson's, I initiated treatment with levodopa therapy, but after about 5 years, I began to experience tingling in my arms and difficulty moving and noticed that the dose did not last as long as it did when I first started treatment. Not knowing when the medication would "**wear-off**" became frustrating—embarrassing even.*

STALEVO® (carbidopa/levodopa/entacapone) tablets (12.5/50/200, 18.75/75/200, 25/100/200, 31.25/125/200, 37.5/150/200, and 50/200/200) is a prescription medication for the treatment of idiopathic (unknown cause) Parkinson's disease (PD) if you are experiencing a return of symptoms before your next dose ("wearing-off") of carbidopa/levodopa (only if you are taking a total daily dose of levodopa of 600 mg or less and not experiencing uncontrolled movements called dyskinesias).

STALEVO is a tablet combining 3 medications known as carbidopa, levodopa, and entacapone, so it may be used to replace these medications if you are taking them in separate tablets.

COMTAN® (entacapone) 200 mg tablets is a prescription medication used as an add-on to the medications known as carbidopa/levodopa when worsening of PD signs and symptoms are occurring before your next dose (known as "wearing-off").



Dan, age 68, from California

Fishing is one of the most important things in my life. When I was first diagnosed with Parkinson's disease in 1994, I worried about the effect the condition would have on [me]. At the time, I was living in South Carolina, but making frequent trips to California to help my ailing father. As my symptoms got worse, I made the decision to relocate permanently and have been living on the West Coast ever since.

For me, the most difficult part of having Parkinson's disease is dealing with the physical limitations.

Dan was on levodopa therapy prior to switching to STALEVO (carbidopa/levodopa/entacapone) tablets.

Both of these patients experienced something called **"wearing-off."** What is this? And why does it happen? Let's find out.

Important Safety Information

You should not take STALEVO or COMTAN with an antidepressant medication class known as nonselective monoamine oxidase (MAO) inhibitors. STALEVO or COMTAN may be used with selective MAO type B inhibitors. Drugs such as isoproterenol and epinephrine that are broken down by the COMT enzyme (COMT breaks down levodopa) should be used with caution when taking STALEVO or COMTAN. Make sure you tell your health care professional (HCP) about all of the medications you take, including nonprescription medications and supplements.

Do not take STALEVO if you have a history of or currently have active skin cancer or abnormal skin growths or have an eye problem known as narrow-angle glaucoma. Patients with wide-angle glaucoma can take STALEVO but must be monitored for changes in eye pressure.



Levodopa: benefits and limitations

Before we learn about “**wearing-off**,” we first need to take a look at levodopa, an important medication for the treatment of PD.

You may already know about Sinemet®, a commonly prescribed brand of levodopa. Most people like Karen and Dan will take it at some point during therapy.

Levodopa is considered a cornerstone of treatment for PD because it works so well at helping with symptoms like slowness of movement and tremor.

As important as this medication is, after a few years it can become less effective at treating the symptoms of PD. Many people begin to notice that their doses of levodopa do not work for as long as they once did, and that their symptoms are returning (or reemerging) between each dose. Some may not even think this is important to discuss with their doctors or caregivers. But it is good for people to share this information because, as we will see later, there are treatments available that can help with the return of symptoms (or “**wearing-off**”).

Important Safety Information

Tell your HCP about any health problems you might have or if you experience any side effects while taking STALEVO® (carbidopa/levodopa/entacapone) tablets (12.5/50/200, 18.75/75/200, 25/100/200, 31.25/125/200, 37.5/150/200, and 50/200/200) or COMTAN® (entacapone) 200 mg tablets. Tell your HCP if you: have or develop uncontrolled sudden movements (called dyskinesias); have a history of or currently have mental problems, such as psychosis or depression with thoughts of suicide; have severe heart or lung disease, asthma, kidney, liver, or gall bladder disease; have endocrine disease (a hormone disorder); or have a history of heart attacks or stomach ulcers.

Please see back cover for additional Important Safety Information.
Please see accompanying full Prescribing Information.



Effects of “wearing-off”

This picture shows how “wearing-off” might affect a person with PD on a typical day. As you can see, levodopa helps symptoms for several hours after a dose is taken. We call this the “on” time someone experiences. However, over a period of time, a gap can develop when the medication isn’t working as well as it was at first, and symptoms reemerge before the next dose. We call this “off” time.

TYPICAL PATTERN OF “WEARING-OFF” DURING THE DAY



For a person like Dan, “off” time would make it more difficult to perform daily tasks. Previously, his levodopa may have worked until it was time to take it again, but over time he might experience symptom reemergence in between doses.

If you feel as if your medication has stopped working before you take your next dose, or you can’t perform daily tasks because your symptoms return between doses, you might be experiencing “wearing-off.”

Important Safety Information

Some serious side effects that may occur with STALEVO® or COMTAN® include symptoms resembling neuroleptic malignant syndrome (a condition characterized by fever and muscle stiffness); low blood pressure upon rising rapidly after sitting or lying down with or without symptoms such as dizziness, nausea, fainting, and sweating; diarrhea, sometimes severe; colitis (inflammation of the large intestine), which may be caused by prolonged diarrhea; and hallucinations. Rare events may include serious muscle problems or muscle aches; high fever; confusion; a lung condition called fibrosis; and skin cancer. Your physician or dermatologist should examine your skin on a regular basis.



Symptoms and treatment of “wearing-off”

People taking levodopa therapy can start to experience “wearing-off” 1 to 3 years after starting treatment. So, if you’ve been taking your medication for that long or longer, you may notice that your levodopa is not working as well as it once did.

Some of the most common signs of “wearing-off” are reemergence of symptoms such as*:

- Tremor
- Any slowness in movement
- Any stiffness
- Weakness
- Difficulty talking
- Problems with your balance
- Muscle cramping, especially in your feet and legs

It’s very important to tell your doctor if you’re experiencing any of these symptoms between your levodopa doses because he or she can talk with you about some options to help your treatment work better. One thing your doctor may recommend is to increase your dosage or dosing frequency of levodopa. Another option may be to add a “helper agent” called entacapone (*en-tak-ah-pon*). This can help levodopa work better and last longer for people who are experiencing “wearing-off.”

Longer lasting levodopa may mean:

- More hours that your treatment for PD is working each day
— Adding entacapone can add 1.4 more hours of “on” time per day, which equals almost 10 more hours each week
- Improvement in your ability to perform daily tasks

*Including entacapone may not have an effect on these specific symptoms; they are only examples to help identify “wearing-off.”

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Real people with “wearing-off”: How their doctors helped

Karen

After speaking to my doctor about these “wearing-off” symptoms, he recommended STALEVO (carbidopa/levodopa/entacapone) tablets. Since starting STALEVO, my daily routine is more predictable, and I am able to continue the activities that I enjoy like hiking and playing piano.

I believe in staying positive at all times and I am very passionate about being an advocate and raising funds that go toward Parkinson’s disease research. In fact, this past year my husband and I have hosted a 10-K and 5-K run, and a 1-mile walk for charity on our farm. Everyone had a great time, and we plan to keep hosting it for years to come.

Dan

At the time of my move I had no choice but to find a new doctor, and he recommended that I switch to STALEVO because my current medication wasn’t lasting between doses. After making the switch, I noticed that the “wearing-off” of the medication that I had experienced with levodopa alone was improved.

And since my mobility has improved, I can tie my fishing knots and manage the boat more easily...without cutting into prime fishing time.

Adding entacapone may not make you a charity event planner or a master fisherman. But if it can help your levodopa work better and last longer, entacapone may give you more “on” time to do the things you’ve always done, without your symptoms returning between doses.

Individual results may vary.

Important Safety Information

The most common side effects of entacapone (a component of STALEVO and COMTAN) include dyskinesias (uncontrolled movements), nausea, an increase in movement (called hyperkinesia), change in the color of your urine, diarrhea, and stomach pain.

Adding COMTAN or switching to STALEVO

Two specific medications that contain the entacapone that can enhance the benefits of levodopa are COMTAN® (entacapone) and STALEVO® (carbidopa/levodopa/entacapone).

If your doctor decides to prescribe COMTAN for you, it will be added to your therapy of Sinemet (or levodopa), either with each dose or at the times of day when your symptoms need control the most. So, if your “wearing-off” is getting in the way of your performing tasks, your doctor can add COMTAN, which may help you complete them.

If your doctor decides to prescribe STALEVO for you, it means you will be switching from your current therapy of Sinemet (or levodopa), because STALEVO combines Sinemet and levodopa in a single tablet. Switching to STALEVO may decrease the amount of tablets you need to take at each dose.

Some people may see their daily dosages of levodopa lowered by their doctors after COMTAN has been added or they have been switched to STALEVO.

Important Safety Information

Tell your HCP if you have side effects that bother you. He or she can make adjustments that may reduce those effects. You should not quickly lower your STALEVO or COMTAN dose or suddenly stop taking it altogether. Be sure to take your medicine as instructed.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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Ask your doctor...

for more information about how these therapies, or other available treatment options, can help you control your symptoms if you're experiencing "wearing-off."

And remember,

you're an important part of the management of your PD. Be sure to keep your doctor informed about how you're feeling, and give him or her real-life examples about activities you're having difficulty performing on your current levodopa therapy.

COMTan[®]
(entacapone) tablets
200 mg

 **Stalevo[®]**
(carbidopa, levodopa and entacapone) tablets
12 5/50/200 mg 10 75/75/200 mg 25/100/200 mg
31 25/125/200 mg 37 5/100/200 mg 50/200/200 mg

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